



NALANDA COLLEGE OF ENGINEERING,

CHANDI (NALANDA)-803108

☎ 06111 - 273671

(Dept. of Science & Technology, Govt. of Bihar)

MEDICAL TEST REPORT

Photograph

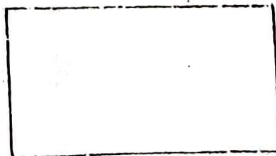
- Name of the candidate :
- Father's Name :
- Category and Merit Serial (Gen/SC/ST/BC/RCG/SMQ) :
- Date of Birth :
- Mark of Identification : (i)
- (ii)
1. Chest : Normal.....Expended
2. Height :
3. Weight :
4. Heart :
10. Vision without Glass : Rt.....Lt.....
11. With Glass : Rt.....Lt.....
12. Eye disease if any :
13. Color Blindness :
14. Candidate is Fit :
15. Unfit for Admission :

Signature of the Candidate:-

Hindi:

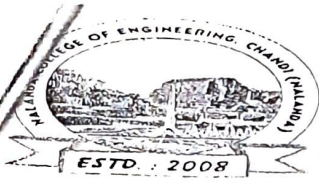
English:

L.T.I.



Attested Sign

Signature
(Civil Surgeon)
With Reg. No. and Seal



नालन्दा अभियंत्रण महाविद्यालय, चण्डी (नालन्दा)

बिहार - 803108

☎ 06111 & 27

Nalanda College of Engineering, Chandhi
(Nalanda), Bihar -803108

(Department of Science & Technology, Govt. of Bihar, Patna)

DECLARATION BY THE CANDIDATE

Photo

I -----

Roll No.-----do hereby

Solemnly declare that I will not get involved any in type of ragging or any indisc activity in/ outside the campus during my college tenure.

If I am found guilty in such type of illegal act the college authority has the right to take any disciplinary action against me including cancellation of my admission.

Signature of the candidate

Place :-

Date :-

Phone :-

Signature

(Registrar/P/Admission)

DECLARATION BY THE PARENTS/GUARDIAN

I ----- take the responsibility that I
ward ----- will abide by the declaration made by him/h

Failure to this college authority has full right to take any disciplinary action against him/her

Signature of the Parents/Guardian

Place :-

Date :-

Phone :-

Signature

(Registrar/O.S.D./Admission)

AFFIDAVIT BY PARENT/GUARDIAN

I Mr./Mrs./Ms.----- (full name of parent/guardian) father/mother/guardian of :----- (full name of student with admission/registration/ enrolment number) having been admitted to **Nalanda College of Engineering Chandi (Nalanda)** (name of the institution) have received a copy of All India Council for Technical Education (Prevention and Prohibition of Ragging in Technical Institution. Universities including Deemed to be Universities imparting technical education) Regulations 2009. (hereinafter called the Regulations) carefully read and read and fully understood the provision contained in the said Regulations.

- 2) I have, in particular, perused clause 3 of the regulations and am aware as to what constitutes ragging.
- 3) I have also in particular, perused 7 and clause 9.1 of the Regulations and am fully aware of the penal and administrative action that is liable to be taken against my ward in case he/she is found guilty of or abetting, actively or passively, or being part of a conspiracy to promote ragging.
- 4) I hereby solemnly aver and undertake that
 - a) My ward will not indulge in any behaviour or act that may be constituted as ragging under clause 3 of the Regulations.
 - b) My ward will not participate in or abet or propagate through any act of commission or omission that may be constituted as ragging under clause 3 of the Regulations.
- 5) I hereby affirm that, if found guilty of ragging, my ward is liable for punishment according to clause 9.1 of the Regulations, without prejudice to any other criminal action that may be taken against my ward under any panel law or any law for the time being in force.
- 6) I hereby declare that my ward has not been expelled or debarred from admission in any institution in the country on account of being found guilty of , abetting or being part of a conspiracy to promote, ragging; and further affirm that, in case the declaration is found to be untrue, the admission of my ward is liable to be cancelled.
Declared this _____ day of _____ month of _____ year.

Signature of deponent

Name: _____

Address: _____

Telephone/Mobile No.: _____

VERIFICATION

Verified that the contents of this affidavit are true to the best of my knowledge and no part of the affidavit is false and nothing has been concealed or misstated therein.

Verified at ____ (place) on this the ____ (day) of ____ (month) ____ (year)

Signature of deponent

Solemnly affirmed and signed in my presence on this the ____ (day) of ____ (month) ____ (year) after reading the contents of this affidavit.

OATH COMMISSIONER

AFFIDAVIT BY STUDENTS

I Mr./Mrs./Ms.----- (full name of

Son of :----- have been admitted to **Nalanda College of Engineering Chandi (Nalanda)** (name of the institution) have received a copy of All India Council for Technical Education (Prevention and Prohibition of Ragging in Technical Institution. Universities including Deemed to be Universities imparting technical education) Regulations 2009. (hereinafter called the Regulations) carefully read and fully understood the provision contained in the said Regulations.

- 2) I have, in particular, perused clause 3 of the regulations and am aware as to what constitutes ragging.
- 3) I have also in particular, perused 7 and clause 9.1 of the Regulations and am fully aware of the penal and administrative action that is liable to be taken against my ward in case he/she is found guilty of or abetting, actively or passively, or being part of a conspiracy to promote ragging.
- 4) I hereby solemnly aver and undertake that
 - a) I will not indulge in any behaviour or act that may be constituted as ragging under clause 3 of the Regulations.
 - b) I will not participate in or abet or propagate through any act of commission or omission that may be constituted as ragging under clause 3 of the Regulations.
- 5) I hereby affirm that, if found guilty of ragging, my ward is liable for punishment according to clause 9.1 of the Regulations, without prejudice to any other criminal action that may be taken against my ward under any panel law or any law for the time being in force.
- 6) I hereby declare that my ward has not been expelled or debarred from admission in any institution in the country on account of being found guilty of , abetting or being part of a conspiracy to promote, ragging; and further affirm that, in case the declaration is found to be untrue, the admission of my ward is liable to be cancelled.

Declared this _____ day of _____ month of _____ year.

Signature of deponent

Name: _____

Address: _____

Telephone/Mobile No.: _____

VERIFICATION

Verified that the contents of this affidavit are true to the best of my knowledge and no part of the affidavit is false and nothing has been concealed or misstated therein.

Verified at ____ (place) on this the ____ (day) of ____ (month) ____ (year)

Signature of deponent

Solemnly affirmed and signed in my presence on this the ____ (day) of ____ (month) ____ (year) after reading the contents of this affidavit.

OATH COMMISSIONER